



Docket No. 62430-A/JPW/AJM/AG

In ~~the~~ Application of: Jane H. Morse and James A. Knowles

Serial No.: 09/904,380

Examiner: K. Horlick

Filed : July 12, 2001

Group Art Unit: 1637

For : ROLE OF PPH1 GENE IN PULMONARY HYPERTENSION

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

September 26, 2003

S I R:

Transmitted herewith is an amendment to the above-identified application.

 X Small entity status of this application under 37 C.F.R. §1.27 has been established by a verified statement previously submitted.

 a verified statement to establish small entity status under 37 C.F.R. §1.27 is enclosed.

 X No additional fee is required, other than the enclosed \$205.00 extension fee.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
Total Claims	54-20	-	34	=	0	X	9	18	=	0	
Indepen- dent Claims	8-3	-	5	=	0	X	42	84	=	0	
Multiple Dependent Claim(s) Presented _____ Yes <u> X </u> No For First Time:							140	280		0	
							TOTAL ADDITIONAL FEE \$ 0				

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed.

_____ Please charge Deposit Account No. _____
In the amount of \$_____.

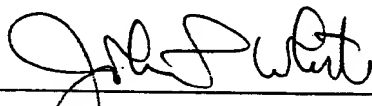
 X A check in the amount of \$205.00 is enclosed.

 X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three Copies of this sheet are enclosed.


 X Any filing fees under 37 C.F.R. \$1.16 for the presentation of extra claims.

 X Any patent application processing fees under 37 C.F.R. \$1.17.

Respectfully submitted,



John P. White
Registration No. 28,678
Attorney for Applicant
Cooper & Dunham LLP
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
	<u>9/26/03</u>
John P. White Reg. No. 28,678	Date